

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO 10-088260	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2							
3	2						
4	3						
5	3						
6	3						
7	3						
8	3						
9	3						
10	3						
11		1					
12		1					
13		1					
14		1					
15		1					
16		1					
17		1					
18		1					
19		1					
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41		1					
42		1					
43		1					
44		1					
45		1					
46		1					
47		1					
48		1					
49		1					
50		1					
TOTAL IND.		1	1	1	1	1	
TOTAL DEP.		1	1	1	1	1	
TOTAL CLAIMS		20	20	20	20	20	